

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

(This return should preferably be made by the person who made the original)

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. 129

Place of Birth Payson County Gila No. _____ St. _____

SEX OF CHILD: Female Twin Triplet or other? _____ and _____ Number in order of birth _____

DATE OF BIRTH: July 7 1924 (Month) (Day) (Year)

FULL NAME Charles Ellende Haught FATHER

FULL MAIDEN NAME Lillie May Norton MOTHER

I HEREBY CERTIFY that the child described herein has been named

Edna Lee Haught (Give name in full) (Surname)

Mrs. Chas. E. Haught (Parent's Signature)

(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.
10M 10-1-42-S.P.Co.

583-707-355